

**ASSESSMENT OF LINKAGES BETWEEN THE
DEMOCRACY AND GOVERNANCE AND HIV/AIDS
SECTORS**

**USAID/Kenya
Office of Population and Health
Democracy and Governance Office**

**USAID/Washington
Africa Bureau, Office of Sustainable Development**

May 2001

Table of Contents

List of Abbreviations and Acronyms	3
I. Introduction	4
II. Background	4
A. Conceptual linkages between DG concepts and HIV/AIDS issues	5
B. Kinds of linkages	6
C. Value of linkages	7
III. Findings	7
A. Observations from DG and HIV/AIDS partners	7
B. Observations on USAID/Kenya's enabling environment	8
C. Observations on USAID/Washington's role	11
IV. Recommendations: a phased roadmap for the future	12
A. Improve USAID/Kenya's enabling environment	12
B. Encourage existing linkages among partners	13
C. Create new linkages among partners	14
V. Conclusions	16
VI. Annexes	17
1. Outcomes from the Stakeholders' Workshop – 3/28/01	17
2. Case Study of Existing and Potential SUNY/POLICY Collaboration	22
3. Kenya AIDS NGOs Consortium: Multi-Sectoral Program Linkages	24
4. Activities in Current Mission Portfolio which might be Suitable for DG-HIV/AIDS Linkages	26
5. Statement of Work, USAID/Kenya DG-HIV/AIDS Assessment Team	28

List of Abbreviations and Acronyms

ACU	AIDS Control Unit
APHIA	AIDS, Population and Health Integrated Assistance Project
BCC	Behavior change communication
BSS	Behavioral surveillance surveys
CACC	Constituency AIDS Control Committee
CBD	Community-based distribution
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
DACC	District AIDS Control Committee
DG	Democracy and Governance
FP/MCH	Family planning/maternal child health
FSA	Financial services association
GoK	Government of Kenya
ISP	Integrated Strategic Plan
KANCO	Kenya AIDS NGOs' Consortium
KDHS	Kenya Demographic and Health Survey
KEMSA	Kenya Medical Supplies Agency
K-REP	Kenya Rural Enterprise Program
KSPA	Kenya Service Provision Assessment
MFI	Microfinance institution
MOH	Ministry of Health
MP	Members of Parliament
NACC	National AIDS Control Council
NASCOP	National AIDS/STD Control Program
NGO	Non-governmental organization
NSP	National HIV/AIDS Strategic Plan
PACC	Provincial AIDS Control Committee
PH	Population and Health
PLWHA	Person living with HIV/AIDS
SO	Strategic Objective
USG	U.S. Government

I. Introduction

The USAID/Kenya Mission's Integrated Strategic Plan (ISP) encourages all strategic objectives to develop program synergies where appropriate. In 2000, both SO1, Democracy and Governance (DG) and SO3, Population and Health (PH) expressed an interest in exploring program linkages and collaboration in the area of HIV/AIDS. This assessment grew out of a desire to better understand the advantages and constraints of cross-sectoral program collaboration.

The original purpose of this assessment was to propose a joint implementation strategy that both the DG and PH SOs could use to address mutual DG and HIV/AIDS concerns. However, team members determined that it might be premature to propose a formal "strategy" to the Mission and our partners without first defining the parameters of what such a strategy might involve as well as defining its advantages and constraints. The purpose of this assessment, therefore, was modified to become a "roadmap" for future action, suggesting a menu of activities from which to choose depending on the commitment and resources of the Mission and its partners.

This assessment grew out of a joint desire of SO1 and SO3 to explore program linkages and collaboration in the area of HIV/AIDS, and better understand the advantages and constraints of cross-sectoral program collaboration

This report is based on the observations, meetings and discussions of the assessment team members¹ who worked in Kenya from March 24 through April 5, 2001. Each team member had expertise in either democracy and governance programs or HIV/AIDS programs, or both. Their tasks were to meet with Mission senior management and OPH and DG officers; identify and meet with key DG and HIV/AIDS stakeholders to understand their activities and their current and potential channels of interaction; hold a joint stakeholders' meeting to discuss overlaps and synergies among USAID's current partners; and synthesize the findings. The result is this document, which summarizes the background of the problem; gives a rationale for linkages; and outlines the key findings of the team. It proposes a series of phased recommendations, which could be implemented, based on the level of commitment from Mission management and the individual SO teams.

II. Background

The magnitude and impact of the HIV/AIDS pandemic in Africa have dispelled any doubts that HIV/AIDS is solely a health issue. As the AFR/SD report, *Synthesis of Democracy and Governance Cross-sectoral Case Studies* (October 2000) suggests, even though the mandate for fighting the

¹ Team members: AFR/SD: Kevin Bohrer, Ishrat Husain; Health Economics and HIV/AIDS Research Division (HEARD); USAID/Kenya: Neen Alrutz, Wachira Maina and Timothy Takona; Part-time team members were James Kimani, Kenya AIDS NGOs' Consortium, Dr. Mbuyi Wagacha, Institute for Policy Analysis and Research

disease often rests in a Ministry of Health, HIV/AIDS has had economy-wide implications. It has severely eroded the capacity of already weak health delivery systems in Africa, decimated the workforce, diminished the effectiveness of those still alive, and orphaned children, presenting a growing strain for communities and families. It has distorted national budgeting processes and presents a looming crisis for both personnel and operations for the military, the police, the judiciary, the civil service and the private sector. The cross-sectoral nature of the problem has challenged policy makers and those involved in fighting the epidemic to create interventions that track the changing nature of the crisis and to devise strategies that go beyond traditional responses.

These insights were recognized in the USAID/Kenya's new Integrated Strategic Plan (ISP) (2000-2002). The ISP section on program synergies outlines arenas and themes through which DG activities can contribute to the prevention and mitigation of HIV/AIDS. These include parliamentary committees and advocacy groups with "direct access to key members of Parliament (MPs)." Indicative activities included advocacy to elicit national political commitment to HIV/AIDS, mobilizing and working with local communities and leaders to reduce stigma, and working with MPs on legislation and policies to eliminate discrimination on the basis of HIV status. Other proposed activities included strengthening governance and financial management in the context of decentralization; improving human rights and legal frameworks for women, people living with HIV/AIDS and vulnerable children; and promoting media and information flows of factual and culturally sensitive information. The assessment team discussed these potential linkages, as well as many other options, in an effort to evaluate and prioritize the range of possible cross-sectoral efforts in the context of the Mission's SOs.

A. Conceptual linkages between DG principles and HIV/AIDS issues

USAID's development partners are beginning to articulate the importance of DG-HIV/AIDS partnerships². Many DG principles intuitively have relevance to activities which HIV/AIDS program implementers and activists are undertaking or promoting. These include principles related to the rule of law, respect for human rights, freedom of thought and expression, unrestricted access to information transparency and accountability, and citizen participation.

For example, efforts to promote the rule of law support HIV/AIDS programs that encourage the implementation of legal and human rights laws and reforms as they relate to HIV/AIDS; that assure access to justice for people with AIDS; and that educate the public about laws and rights of those with

² *Survival is the First Freedom: Applying Democracy and Governance Approaches to HIV/AIDS Work*, Pact AIDS Corps, March 2001 (draft).

HIV/AIDS.³ Similarly, the well-known DG precepts of increased citizen participation is a key tool being used to mobilize meaningful involvement of people in the fight against HIV/AIDS by increasing knowledge and mobilizing communities, labor organizations or religious organizations to work on formulating policies and increasing educational or outreach activities.⁴

B. Kinds of linkages

There is no pre-determined formula for linking DG and HIV/AIDS activities. The assessment team identified a range of ways that groups might wish to work together ranging from basic to ambitious.

Use DG or HIV/AIDS “principles” when planning a program. At the most basic level, a HIV/AIDS or DG program could be designed in a way that incorporates the key principles and issues from the other. This would mean, for example, that a HIV/AIDS organization might use any number of DG principles (constituent representation and participation, transparency and accountability) in undertaking its program. Many organizations have experience and expertise on such governance issues and need not formally collaborate with a DG partner to promote internal good governance. Similarly, a DG program could use information about HIV/AIDS as its illustrative topic when educating or mobilizing.

Source DG or HIV/AIDS expertise from another organization. An organization may recognize that the incorporation of HIV/AIDS issues or DG principles could enhance its program but lacks the skills to address these. It may then call in the services of an organization with the relevant expertise. This may be pursued on an informal *ad hoc* basis or achieved through a more formal long-term relationship. A DG organization, for example, may engage an HIV/AIDS partner to train its own staff on awareness and prevention issues.

Co-locate HIV/AIDS and DG activities for greater impact. Working cross-sectorally may entail co-locating activities either geographically or functionally. Geographical co-location might mean that both of the USAID PH and DG teams work with partners who have programs in the same geographical area. Functional co-location might target a common institutional rather than physical site. For instance, the PH and DG offices may both be working with Parliamentary committees. Recognizing the potential for synergy of working collaboratively may incline them to concentrate their respective activities within the same Parliamentary committee. A result might be that PH technical support helps the committee draft needed HIV/AIDS legislation -- achieving a PH program objective -- and

³ Ibid.

⁴ Ibid.

DG technical support strengthens the Parliamentary committee system overall, meeting DG program objectives.

Undertake joint DG-HIV/AIDS activities. At its most ambitious working cross-sectorally may mean the design and development of joint programs by USAID/KENYA DG and HIV/AIDS. Though this need not entail the merger of organizations, it would include setting common goals, program coordination and joint efforts, which could also involve joint funding.

C. Value of linkages

The assessment team strongly agrees with USAID/Washington's observation "the democracy and governance sector can improve HIV/AIDS prevention and care by generating leadership commitment, improving the information flow about HIV/AIDS, mobilizing community and civil society to support HIV/AIDS programs, promoting respect for human rights of those living with HIV/AIDS and supporting gender empowerment."⁵ Our discussions with stakeholders and partners working in both DG and HIV/AIDS in Kenya convinced us that, in a number of cases, linkages already exist and that they could be maximized with little or no new financial resources.

III. Findings

The findings below summarize many of the observations made by stakeholders from both the DG and the HIV/AIDS sectors who attended a meeting to discuss the current and potential linkages and constraints. They also reflect individual meetings with selected partners, USAID and REDSO staff. Finally, they present observations from team members about their respective offices or organizations. For more information on partners' observations, see Annex 1, *Notes from Stakeholders Workshop*.

A. Observations from DG and HIV/AIDS partners

In general, partners felt that linkages and collaboration between DG and HIV/AIDS organizations would be valuable, but that steps in this direction need to be practical and not simply "talks about talks." Partners expressed a willingness to explore potential linkages for a variety of reasons. One PH participant, for example, said she was "looking for new partners," since she was already working with most of the existing organizations who work exclusively in HIV/AIDS. DG partners expressed the need for technical help because, in a number of instances, their organizations wanted to address HIV/AIDS in presentations to their constituents. Others felt simply that collaboration "made sense."

⁵ *Report on a Consultative Meeting on HIV/AIDS as a Developing Crisis in Africa: Rethinking Strategies and Results*, USAID, Washington DC, September 29-October 1, 1999.

Specific observations include:

1. Some collaboration currently exists. Many HIV/AIDS groups already explicitly incorporate a range of DG principles in their activities, especially at the grassroots level. Similarly, many DG organizations are already incorporating HIV/AIDS materials in their work. However, these efforts may not be systematic and therefore are not necessarily emphasized when reporting results or documenting lessons learned. The linkages, which are occurring on the ground, need to be translated into organizational linkages/collaboration at all levels.
2. More information sharing is needed. Partners, particularly on the HIV/AIDS side, voiced a lack of understanding of DG principles, issues, and programs. At the same time, the perceived gravity of the HIV/AIDS pandemic is underestimated by some within the DG sector. Some DG groups felt that due to the silent nature of the disease, the immediate impact of HIV/AIDS is not yet evident to their organizations or constituents, even though everyone knows someone who has recently died of AIDS. This surprising finding indicates that some organizations need to understand and internalize the impacts that HIV/AIDS will have upon their internal structures and sectoral institutions. It also tells us that we need better dissemination of existing information and increased focus on HIV/AIDS information being made available by the media.
3. There are differences in sector-specific language. Each sector refers to its interventions differently, although both may be referring to the same problem or issue. For example, what is considered a human “right” in DG terminology might be referred to as a “need” in public health terminology. Therefore, although both groups are working on the same issue, they are describing it differently. The “right” or “need” for information, is a critical concern for both sectors.
4. Levels of collaboration will -- and should -- vary. Collaboration efforts may not be uniform or equally intensive. Groups might share quarterly reports; attend other grantees’ quarterly meetings at USAID; share workplans; consult when planning workshops, seminars, and training; undertake parallel activities in targeted geographic areas or institutions; or jointly fund and implement programs. USAID should encourage, but not define, the kinds of collaboration which we wish our partners to undertake.
5. Form of linkages will vary. The assessment team had originally conceived linkages as being horizontal, e.g., between or among cooperating agencies or grantees. However, linkages also occur vertically, e.g., within a particular organization there may be links to both DG and HIV/AIDS partners. For example, the Kenya AIDS NGOs’ Consortium (KANCO) works with community-based organizations (CBOs) that are involved in both HIV/AIDS

and DG activities. This is an important model. (For more information see Annex 3)

6. Flexible, creative funding mechanisms are needed. There is often a disconnect between the implementation work underway or needed at the grassroots level and the demands of donors or other institutions. What may be needed is a civic education program for poverty reduction or childcare for vulnerable children, but what is *available* is HIV/AIDS funding. Donor agency policy makers need to assure that funding guidelines governing cross-sectoral programs do not impede legitimate and necessary activities. At the same time, coordination among local donors active in both sectors, such as DFID, GTZ or the World Bank, can attempt to fill gaps that preclude agencies such as USAID from funding certain types of activities.
7. Constraints do exist. Collaboration takes time which program managers may not feel they have. At the institutional or implementation level, it may be difficult to change the internal dynamics of an organization or to alter existing workplans. Nevertheless, both DG and HIV/AIDS groups seemed willing, when possible, to integrate principles/issues from each other, especially if encouraged or mandated by donors as elements of workplans, work objectives or scopes of work.
8. Political liability or asset? A DG group may appreciate the political attention that may result from pursuing a key issue such as HIV/AIDS since it might support or advance their platform. On the other hand, HIV/AIDS groups may believe that such political attention could hinder their work, particularly if they are perceived as an opponent of the government or a proponent of a particular DG group or cause.
9. There is value in diversity. Differences between the two sectors may be an asset. DG goals and objectives may be more process oriented, but policy neutral. For example, a key goal of the DG program in Kenya is to “strengthen the Parliamentary system.” HIV/AIDS programs frequently aim to undertake specific interventions, e.g., change or improve laws, which relate to HIV testing for insurance purposes. In terms of collaboration, this might mean that a DG goal (educating parliamentarians, making the committee system more effective) could be achieved by helping to put in place a specific HIV/AIDS policy which the Parliamentary committee felt was important.

B. Observations on USAID/Kenya’s enabling environment

An AFR/SD report⁶ identified actions Missions could take to promote DG links. Of the five Missions studied (Mali, Madagascar, Zambia, Zimbabwe and Guinea), all had Mission leadership which strongly encouraged team leaders, staff, and

⁶ *Synthesis of Democracy and Governance Cross-sectoral Case Studies*, Groelsema, Muncy and Ott, AFR/SD, October 2000

partners to think and act collaboratively. In three of the five cases, Mission directors and Mission management were seen as important promoters of DG cross-sectoral programming. For these reasons, the team wished to make observations on USAID/Kenya's support for these activities.

1. The Kenya ISP articulates support for cross-sectoral activities. The Mission's ISP outlines areas and themes through which DG activities can contribute to prevention and mitigation of HIV/AIDS.
2. Mission management is quietly supportive, but could be more proactive. Mission management has been generally sympathetic to the multisectoral initiatives which have been proposed and carried out to date. The USAID/Kenya retreat held in April 2001 had as one of its objectives "enhancing and building upon cross-sectoral linkages in the program and synergies between SOs, as well as with partners, with the goal of achieving the results established in the ISP in an efficient, effective manner." Nevertheless, Mission management has not provided active leadership in the effort. For example, in other Missions such leadership has been marked by encouraging inclusions in job descriptions, work objectives and performance evaluations elements related to support for or progress in, multisectoral collaboration. Senior Mission management necessarily must provide the motivation to technical and program staff to undertake those tasks.
3. Technical officers have expressed a "wait and see" attitude. SO teams and team leaders in both PH and DG expressed interest in learning more about the advantages of establishing linkages, but were clearly concerned about the implications for already-constrained staff time, existing program agreements and current program goals and objectives. Nevertheless, SO team leaders in both PH and DG have put into work objectives for selected technical staff elements related to multisectoral collaboration and appear to be optimistic that linkages, if well defined, could provide important benefits to their programs.
4. Funding is uncertain. DG funding in Kenya was cut dramatically in 2001. Additional 2001 HIV/AIDS funding was heavily earmarked for activities such as tuberculosis programming which are largely unrelated to DG synergy. Therefore, at the Mission level, there is no additive funding for DG-HIV/AIDS initiatives or joint programs. Any new activities will need to be undertaken under the auspices of on-going programs with existing or replacement grantees or cooperating agencies, or using core funds. While not all cross-sectoral linkages involve financial resources (see recommendation below), traditionally, "new" funds have helped provide impetus to new initiatives.

C. Observations on USAID/Washington's role

AFR/SD⁷ has noted that "Agency policy has not caught up to DG-synergies practice. Congressional earmarks and unpredictable funding encourage vertical programming or stove piping, while reporting and review by strategic objective for the R4 process reinforces sector-specific thinking." While Agency policy is important, the key to cross-sectoral collaboration across Mission SOs lies with Missions themselves which clearly will continue to need assistance over the short term to define and put in place such collaboration.

1. AFR/SD and G/DG have encouraged missions to explore multi-sectoral linkages. AFR/SD's support for three participants of the present assessment in Kenya is indicative of AID/W's support for DG cross-sectoral synergy. AFR/SD has undertaken case studies on how DG cross-sectoral synergy has occurred in selected missions and how it might be fostered. Similarly, G/DG has supported development of tools⁸ to better understand the HIV/AIDS policy change process.
2. Agency funding restrictions may dampen potential for collaboration. Recent policy guidance on uses of HIV/AIDS funding in DG programs⁹ may have a deleterious effect on the nature of cross-sectoral collaboration. For example, in the FY01 guidance for the CSD account stated that missions could use HIV/AIDS funds to support local government or NGO forums on HIV/AIDS, but could not use HIV/AIDS funds to strengthen management capacity of NGOs or civil society organizations in HIV/AIDS affected areas. While these kinds of limitations can be surmounted by careful project design and description, technical and program officers are increasingly vigilant about erring on the safe side whenever Congressional earmarks are involved. This may ultimately discourage collaboration.

⁷ Ibid.

⁸ *Strategic Management Tools to Support HIV/AIDS Policy Change*, Implementing Policy Change Project, Center for Democracy and Governance, USAID, May 2001

⁹ *Guidance on the Definition and Use of the Child Survival and Disease Programs Fund, 2001 Update*, April 21, 2001

IV. Recommendations: a phased roadmap to the future

There are three clusters of recommendations listed below which outline specific actions that could be undertaken to capitalize on the current momentum for cross-sectoral linkages within the Mission. The first level relates to USAID's internal environment, e.g. what Mission management and key staff could do to manifest a strong commitment to work cross-sectorally. The second level is to encourage existing linkages among USAID's partner organizations. The third level is to create new linkages where few or none currently exist.

These clusters are not intended to be linear; the actions listed in Section i) need not be completed before Section ii) can be initiated. In fact, progress towards some actions in Section iii) is already underway. The action items are not meant to be an exhaustive list of all possible cross-sectoral efforts. Rather, the assessment team intended them as an illustrative menu of options for follow-up. The three clusters also reflect the relative level of effort required.

A. Improve USAID/Kenya's enabling environment

Objectives

Within the USAID Mission

- Share information relevant to DG-HIV/AIDS linkages between SOs
- Strengthen the legitimacy for cross-sectoral collaboration within the Mission
- Establish organizational principles and procedures to promote cross-sectoral collaboration

Priority actions

- **Form a Mission DG-HIV/AIDS working group mandated by senior Mission management**
- **Designate a person from each SO to be a cross-sectoral focal point**
- **Include progress of DG-HIV/AIDS working group as a regular item reported at the weekly senior staff meetings**

Illustrative activities

- Include in the annual workplan of each focal point defined benchmarks toward achieving cross-sectoral linkages
- Review all USAID funding use restrictions and reporting requirements with a view to understanding the implications to cross-sectoral linkages
- Clarify the meaning and implications (legal, programmatic, resource) for both SOs of AIDS having been declared a "national disaster" in Kenya

Partners and Potential Areas of Collaboration

- Review current portfolios of both SOs to identify opportunities to emphasize HIV/AIDS issues in DG partners' activities, and vice-versa
- Identify sites/areas where both SOs are working with partners (mapping)

- Identify common entry-points for collaboration, e.g., Parliament, CACCs, the Media, etc.
- Prioritize policy interventions that may be mutually beneficial to both DG and HIV/AIDS partners
- Explore possibility of accessing core funds for capacity-building of NGO networks and faith-based organizations and application of HIV/AIDS toolkits

Expected Results

- Cross-sectoral collaboration institutionalized within the Mission to promote DG-HIV/AIDS linkages
- An inventory produced of current DG and HIV/AIDS partners' activity sites, thematic areas of mutual interest, and potential areas for linkages

B. Encourage existing linkages among partners

Objectives

Among USAID's partner organizations

- Develop cross-sectoral understanding of terms, principles, and activities
- Strengthen the legitimacy of cross-sectoral collaboration among partner organizations
- Identify and strengthen existing DG-HIV/AIDS linkages between USAID's partner organizations
- Develop a better appreciation for the impacts/costs of HIV/AIDS across sectors

Priority actions

- **Promote emergent POLICY-SUNY collaboration (see Annex 2 for potential coordination and joint activities)**
- **Commit to strengthening the DG aspects of KANCO's work with member organizations, communities, CACCs, and Parliament (see Annex 3 for additional potential areas of engagement)**
- **Facilitate a forum for partner DG and HIV/AIDS groups to promote mutual understanding and information exchange**

Illustrative activities

- Identify/establish focal points among NGO/CBO partners and in government for each sector
- Identify DG partner(s) strong enough to train HIV/AIDS groups in DG principles, and vice-versa
- Include DG principles and HIV/AIDS issues in SOWs for each SO's partners
- Sponsor partner focus groups on specific issues (e.g., human rights, media, faith-based organizations)

- Conduct a joint NGO/CBO assessment in targeted geographical areas and/or institutional sites to review capacity, needs, opportunities, best practices, and cultural customs
- Promote collaboration with other donors on working cross-sectorally
- Disseminate the multi-sectoral *AIDS Toolkits* and *AIDS Briefs*
- Disseminate existing HIV/AIDS impact studies to relevant Ministries
- Develop indicators and tools to measure progress of joint programs

Expected Results

- Additional skills needed by each sector identified and addressed
- Best practices and common tools, such as successful community mobilization activities and effective means for engaging civil society, documented and shared among sectors
- DG programs are focused on HIV/AIDS issues when appropriate
- HIV/AIDS programs are stronger with inclusion of additional DG principles

C. Create new linkages among partners

Objectives

Among USAID's implementing partners:

- Initiate additional collaboration between DG and HIV/AIDS groups
- Strategically build upon linkages already occurring at the grassroots level

Priority actions

- **Promote better donor collaboration specifically across sectors**
- **Identify additional financial resources (other donors, core funds, foundations, etc.)**

Illustrative actions

- Select target areas for co-locating activities
- Draft joint RFAs and SOWs for partner and implementing organizations
- Promote linkages around issues of common concern, e.g. for the media, liberalization of the airwaves, "public good" media rates, rural media access, media outreach programs and policies; for human rights, gender, labor, youth, inheritance; or anti-corruption
- Encourage collaboration of ACUs with DG groups to strengthen ACUs' use of DG principles
- Mobilize faith-based organizations to address HIV/AIDS cross-sectorally by incorporating more DG principles and increasing advocacy efforts
- Include HIV/AIDS questions in public opinion surveys
- Capitalize on new initiatives, e.g., support the formation of the Coalition of Media Health Professionals; encourage the incorporation of HIV/AIDS issues in the multi-donor supported National Civic Education Campaign
- Engage the private sector and business community
- Investigate promoting HIV/AIDS as an election issue for 2002

- Pursue working relationships with other relevant DG-HIV/AIDS cross-sectoral organizations, such as the Independent Medico-Legal Unit (IMLU), the Kenya Legal and Ethical Issues Network on HIV/AIDS (KELIN), and the Kenya Network of Women with AIDS (KENWA)
- Explore joint activities in conflict-prone areas

Expected Results

[specific results will depend upon which actions are undertaken and which partners are engaged]

V. Conclusions

This assessment is the beginning of a process which will need to be continued if cross-sectoral activities between SO1 and SO3 are to become a reality. Conventional wisdom says that assessments usually do not reveal new information. However, we believe that we did gain insights into a number of issues. We learned, for example, that there is a need for a better explanation and understanding of the basics: about DG principles and activities; about HIV/AIDS activities and approaches; about organizations and areas where the respective programs work; about funding possibilities and constraints. We learned that some collaboration is already happening, particularly at the grassroots level. We learned that our partner groups are interested in beginning to discuss the process and feel that it could be an asset to their programs. And finally we learned that this process isn't self-evident and that "collaboration takes time, and good teamwork requires a learning curve that involves persuasion, planning, cooperation, meetings, and the transformation of personal perspectives into shared values"¹⁰ at both the Mission level and among our partners.

We hope that this assessment will provide motivation and encouragement to this Mission (and perhaps other Missions in the region) to seriously begin to promote cross-sectoral collaboration.

¹⁰ *Synthesis of Democracy and Governance Cross-sectoral Case Studies*, Groelsema, Muncy and Ott, AFR/SD, October 2000

Annex 1

Outcomes from the USAID Workshop on Democracy and Governance and HIV/AIDS Linkages March 28, 2001, Nairobi, Kenya

Introduction

This workshop was jointly hosted by the USAID/Kenya Offices of Democracy and Governance (DG) and Population and Health (PH). It was an integral part of the work of the assessment team who were tasked with looking at potential linkages and collaboration between the two sectors. Invitations were sent out to both DG and Population and Health partners. Thirty-six individuals attended representing twenty-two organizations. A much larger number of HIV/AIDS organizations were represented since more HIV/AIDS organizations were invited and a few DG organizations were unable to send representatives.

This workshop was intended to provide the assessment team with information about the potential areas of collaboration between DG and HIV/AIDS organizations and possible constraints to such collaboration. The workshop was not intended to set up such linkages or collaboration, but rather to begin discussions where they have not begun; build on current discussions; to collect thoughts on the idea of cross-sectoral collaboration; and create momentum which will generate further discussion both among donor agencies and organizations in the field. It was not intended to begin any formal processes or be instructive, it was merely the beginning of a process.

Workshop process

Initial presentations were made by USAID staff to briefly define DG and HIV/AIDS principles and concepts. Participants were then presented with six areas which the assessment team had identified as some of the potential areas of collaboration among organizations working with DG and HIV/AIDS, namely

- Enabling environment and policy
- Parliamentary strengthening
- Human rights/gender
- Community mobilization
- Media, communication and information sharing
- Other, including community capacity building; involving the private sector in HIV/AIDS work; and increasing access to financial services.

Participants were then asked to indicate which of the above thematic areas their organizations were working in by putting their organization's name under the relevant themes which were found on different flipcharts. At the conclusion of the exercise, the result was that all six flipcharts, representing different themes, had both DG and HIV/AIDS organizations represented on them, indicating that both DG and HIV/AIDS organizations are working in all these thematic areas, and

clearly illustrating the potential for linkages. The participants were then asked to join a discussion group determined along the thematic area of greatest interest to them. Below is a synthesis of outcomes from the group discussions.

General observations

All participants agreed, in principle, that linkages and collaboration between DG and HIV/AIDS organizations have value. There was general consensus that any such linkages needed to be practical and not simply “talks about talks.” It was also repeatedly noted that some linkages or collaboration were happening on the ground and that these needed to be translated into organizational linkages or collaboration at all levels. During the workshop it became obvious that many of the HIV/AIDS organizations did not have a very solid understanding of DG principles and vice versa.

Areas where both DG and HIV/AIDS organizations currently work

Each group was asked to discuss the following questions: Do the programmes of your HIV/AIDS and DG groups currently overlap? Could they overlap, or work collaboratively, in the future? Areas where current linkages were found included:

- Working with media censorship
- Ensuring improvement in reproductive rights
- Educating people on HIV/AIDS prevention
- Undertaking microfinance activities in the context of community-based care

Of the groups represented, there was only one example of organizations currently working together on a multi-sectoral project. This was a USAID-funded microfinance and HIV/AIDS project being managed jointly by the PH office and the Microenterprise office. A number of HIV/AIDS organizations noted that they were applying DG principles of participation, economic empowerment and transparency. This helps to illustrate that many organizations are applying DG principles without really thinking of them as “DG.”

Potential areas of collaboration between DG and HIV/AIDS organizations

Each group was asked to discuss the following questions: *Does, or could cross-sectoral collaboration facilitate or improve your programs? If yes, how? If no, why not?* There are many areas in which collaboration or linkages could occur, and examples were given both of activities and of mechanisms through which to facilitate such activities. Such linkages/collaboration could occur at many levels. It could simply be HIV/AIDS organizations thinking about DG issues of confidentiality, basic rights for women, children and people living with HIV/AIDS. It could be much bigger, more structured linkages such as a DG organization and a HIV/AIDS organization developing a joint program and using joint funding. All levels are important with some being more easily implemented than others.

Ideas for programmatic linkages and collaboration

- Media:
 - Joint advocacy around liberalization of media waves

- Joint advocacy for additional “public good” media rates
- Support to the Coalition of Media Health Professionals
- Joint support for rights-based education
- Information sharing activities, e.g. resource centers
- Use of common entry points which both groups are targeting, e.g. Parliament
- Joint support for policy-making at parliamentary level
- Incorporating HIV/AIDS information in voter education or literacy materials
- Joint programs against corruption
- Use existing HIV/AIDS programs as an opportunity to strengthen DG principles such as human rights and confidentiality at grassroots level
- Use HIV/AIDS issues as an entry point for building basic DG principles such as human rights, accountability and access to information, in communities

Mechanisms to facilitate such linkages and collaboration

- Form joint donor and donor-government forums to discuss these issues
- Undertake informal collaboration without establishing programmatic linkages
- Create an institutional memory to ensure continuity and build on lessons learned (resource center or secretariat)
- Incorporate principles and activities from both sectors in scopes of work
- Discuss and establish common targets and then work in a concerted, collaborative manner to achieve them

Constraints to collaboration and linkages

Each group was asked to discuss the following question:

- *Are there obstacles, constraints, or disincentives to working collaboratively?*

While a number of practical constraints were raised which related to realities such as time and finances, many of the constraints seemingly stemmed from a need for further discussion on the topic. Many people expressed a need for more information on the DG principles and activities. Clearly more discussion is needed about how the two sectors could enhance each the other’s programs. For many collaboration meant additional work. Others felt that collaboration could have the potential to enhance the programs and end results and so would be worth the extra work involved in setting it up. Some specific issues included:

- Political sensitivity. Some of the DG work is politically sensitive and could jeopardize HIV/AIDS work, e.g. media freedom gains which HIV/AIDS organizations have made could be jeopardized by working with DG organizations considered “too radical” or having politically unpopular goals.
- Time constraints. Many organizations are already working at full capacity and would find it incredibly difficult to take on additional work.
- Financial constraints. Most organizations have committed their funds to specific projects and do not have additional financial resources to take on more additional activities.
- Conflicting mandates and responsibilities. All projects have specific scopes of work which outline responsibilities and mandates. These cannot simply be

ignored. Additional activities may need to be negotiated within the existing SOW.

- Stove piping. Donor agencies sometimes create artificial sectors for funding within their own structures which are not representative of the realities on the ground. As a result, organizations are sometimes forced into single-sector projects while on the ground they may be far more multi-sectoral as they respond to everyday realities.
- Earmarking. Projects are required to spend and report on budgets according to how they were allocated by the donor, and as mentioned above, these are often allocated to reflect the donors' single-sector approach. This forces organizations to reflect the single-sector policies of the donor organizations.
- Lack of collaborative structures. There is a clear lack of collaborative structures at all levels.
- Corruption. This limits the ability of both sectors to achieve their aims.

Suggestions for future collaboration/linkages

- Both sectors need to be more articulate about identifying the possible areas of collaboration
- Donor agencies need to build on the grassroots linkages that are already in existence.
- Donor agencies need to develop mechanisms to be able to respond to these grassroots organizations who are doing multi-sectoral work.
- Present a forum/workshop on DG principles and their potential integration with and relevance to HIV/AIDS, e.g., labor rights activism includes the fight for the rights of workers living with HIV/AIDS.
- Multi-sectoral collaboration could occur vertically as well as horizontally and should be viewed in that context. For example, KANCO works with HIV/AIDS CBOs at the grassroots who could then work with SUNY (a DG organization) to influence parliamentary policy.
- Areas mentioned which need more thought include:
 - Rural media, human/gender rights, anti-corruption; conflict resolution

The assessment team had several additional meetings with some stakeholders. It became apparent to them that there were probably many more, richer opportunities for linkages or collaboration than emerged from the workshop. This incomplete picture may be simply due to the small numbers at the workshop and the limited time available for discussion.

Organizations	Fax/phone	DG/AIDS synergy 3/28
NASCOP	Ph: 714972/729549/072746102 Fax: 710518	Kenneth Chebet, Director Headnascop@iconnect.co.ke
Centre for Law and Research Int'l, (Clarion)	Ph: 571614/47088 Fax: 571857	Laurence Mute Clarion@africaonline.co.ke
Institute for Policy Analysis and Research (IPAR)	Ph: 251179/252885/331767 Fax: 251162	Mbui Wagacha Mwagacha@ipar.or.ke
Centre for Governance and Development (CGD)	Ph: 568723 Fax: 568723	Gichira Kibara Cgd@form-net.com
SUNY	Ph: 310961/5 Fax: 310964	John Johnson John@sunykenya.gt.co.ke Sam Mwale Sam@sunykenya.gt.co.ke
PACT	Ph: 578271 Fax: 570775	Bill Polidoro Bill@pactke.org
ENGENDERHEALTH	Ph: 444922/445373 Fax: 441774	David Adriance Dadriance@engenderhealth.org Lynn Bakamjian Lbakamjian@engenderhealth.org
COPHIA	Ph: 224154 Fax: 214890	Grace Lusola Glusola@pathfind.org
FHI/IMPACT	Ph: 713911-6 Fax: 726130	John McWilliam Jmcwilliam@fhi.or.ke
POLICY	Ph: 723951, 726121 Fax: 726121	Angeline Tennah Atennah@policy.or.ke Jim Kocher JEK@RTI.org
PSI	Ph: 440125-7 Fax: 440899	Mary Wieczynski Maryw@psikenya.org David Walker Walks@psikenya.org
ICROSS and Royal College of Surgeons	Ph: 560494 072511642/072775452 Fax: 566811	Michael Elmore-Meegan Icross@form-net.com Tony Kiharo
Kenya AIDS NGOs Consortium	Ph: 715008; 717664 Fax: 714837	James Kimani Kenaid@iconnect.co.ke
JSI/DELIVER	Ph: 716812 Fax: 717049	David Karite Dkarite@jsikenya.com Cheryl Barton Cbarton@jsikenya.com
Futures Group/HAPAC	Ph: 718135, 719540 Fax: 724194	Don Dickerson Don@futures.co.ke
KREP	Ph: 572422 Fax: 711645	Aleke Dondo Adondo@k-rep.co.ke
PATH	Ph: 577177/180 Fax: 577172	Michelle Folsom Mfolsom@path-kenya.or.ke
HIV/AIDS Business Council	Ph: 532502 - 072-517931 Fax: 535777	Dr. Cyprian Kamau Cyprian-kamau@bat.com
CDC	Ph: 072-727933	Elizabeth Marum Emarum@kisianmimcom.net
USAID	Ph: 862400 Fax: 860949	OPH: Cheryl Sonnichsen, Emma Njuguna, Bedan Gichanga, Neen Alrutz, Tim Takona, Dana Vogel DG: Wachira Maina, Sheryl Stumbras
Health Economics and HIV/AIDS Research Division (HEARD)		Samantha Willan Willans@nu.ac.za
USAID/AFR-SD		Ishrat Husain Kevin Bohrer

Annex 2

Case Study of Existing and Potential POLICY/SUNY Collaboration

Background

SUNY: In August 2000, USAID/Kenya contracted the State University of New York (SUNY) to implement its Parliamentary Strengthening Program. The main objectives of this program are to increase Parliament's ability to: 1) effect legal, political and constitutional reforms that would positively impact on the economic development and democratization process in Kenya; 2) act as an arena for citizens' input in public policy and legislative formation, and articulate the concerns of ordinary citizens about important local and national issues; and 3) oversee and monitor policies and actions of the executive branch of Government.

POLICY: POLICY is a five-year project that began in July 2000. The overall goal of POLICY activities in Kenya is to help overcome key policy constraints that limit or slow the expansion of Kenya's family planning program or the implementation of the national HIV/AIDS control program.

Ongoing Activities

With the recent formation of a Parliamentary Service Commission, Parliament has become more independent and influential. Parliament provides the greatest potential for SUNY/POLICY collaboration in the HIV/AIDS program since both SUNY and POLICY are working with Parliament in various levels.

Specific activities that relate to Parliament include:

SUNY

- Planning a seminar for MPs and various interest groups; funding for consultant studies and workshops on areas of interest.
- Compiling a Parliamentary directory that will also include contacts for committees by specific areas of interest.
- Planning to support lobbying skills seminars for civil society groups and possibly OPH partners.

POLICY

- Capacity-building for Constituency AIDS Control Councils (CACCs), provided primarily through support to KANCO.
- Supporting the National AIDS Control Council in planning for the implementation of AIDS Control Units (ACUs) in key government ministries.
- POLICY is a member of two key NACC task committees: 1) Task Force on Gender and HIV/AIDS; and 2) Task Force planning for a Policy-makers' workshop on impacts of AIDS on the economy, education, health, and other sectors.
- Preparation and printing of a simplified version of the *National HIV/AIDS Strategic Plan, 2000-2005*.

Potential Areas of SUNY/ POLICY Collaboration

- Set a policy agenda for the health committee.
- Help move the 1997 Sessional Paper on HIV/AIDS in Kenya to the implementation stage.
- Introduce HIV/AIDS as part of House budgeting process by identifying deficiencies within the budget in dealing with HIV/AIDS.
- Identify and develop HIV/AIDS “champions” within Parliament.
- Facilitate the passing of a motion to set up a Select Committee on HIV/AIDS and assist the Attorney General’s office in reviewing laws as they relate to HIV/AIDS.
- Use the newly constituted CACCs as fora to further DG principles.
- Jointly support a pilot project on HIV/AIDS policy change.

Means of Collaboration

- Share quarterly reports.
- Invite each other to quarterly presentations at USAID.
- Share workplans.
- Consult each other when planning workshops, seminars and trainings;
- Cross-reference invitee lists.
- Brainstorm about potential activities, e.g. moving forward with a Select Committee on HIV/AIDS

Observations/Conclusions

- Due to the need to maintain a neutral role in dealing with Parliament, the SUNY program lends itself to very strong collaboration on the *process* side while POLICY could contribute HIV/AIDS issues for the Parliamentary Health agenda.
- MP’s would like to play a bigger role in policymaking; they need skills and information that both projects can provide.
- To make a difference in Parliament, information needs packaging in a form that it will lead to the drafting of a Bill or Motion; both projects can help in this.
- The POLICY toolkit, Generating Political Commitment, should be shared with SUNY and Parliament.

How will the results be measured?

- More effective Parliamentary process which is inclusive of groups when introducing Motions and drafting Bills
- Bills and Amendments relating positively to HIV/AIDS issues

Annex 3

Kenya AIDS NGOs Consortium: Multisectoral Program Linkages

Background:

The Kenya AIDS NGOs Consortium (KANCO) is a consortium of 640 non-governmental organizations working throughout the country. Most members conduct work in areas outside of Nairobi. The majority of the member NGOs concentrate on multiple issues and are not focused exclusively on HIV/AIDS.

KANCO undertakes three main activities:

1. Information access and dissemination. This includes both generating HIV/AIDS information and resource centers in districts or regions. They then “repackage” existing information to respond to specific questions or requests.
2. Policy/advocacy. This includes ongoing discussions with communities to identify issues related to HIV/AIDS to be raised to the Parliament and NACC.
3. Capacity building. This includes workshops to train members and other organizations in advocacy and subjects such as stigma, adolescent issues, and to discuss timely issues such as the Sessional Paper or the Strategic Plan.

Through the above set of activities KANCO promotes linkages both “vertically,” e.g., within a particular organization and horizontally, e.g., between or among cooperating agencies or grantees. The vertical linkages relate to the first two functions and the horizontal linkages to the third function.

Vertical Linkages

KANCO brings voices of the people from the grassroots to the district and national level organizations. Through this process, it facilitates the formulation of government policies through creating forums for consultation at the community level for identifying important issues for government consideration. In addition, individual KANCO member organizations have been approached by communities for support as they establish their local Constituency AIDS Control Committees (CACCS). As of May 2001, about 210 CACCs have been formed. They comprise 15 to 20 people, including the MP, and representatives from each sector of the community, including religious groups, youth, women, private business, informal, education, key opinion leaders, local government.

In a significant step forward, the communities are mobilizing and organizing themselves, advancing with this initiative faster than that the centralized NACC. CACCs seek assistance identifying their needs and current human and organizational capacities. Many CACCs have raised issues beyond HIV/AIDS, including general poverty, alcoholism, youth, and unemployment. Some CACCs are assuming the form of an inclusive community development group.

Each CACC will receive two forms of training: 1) Project and program procedures, especially financial systems management, organized centrally by the NACC, with technical assistance provided by Price Waterhouse Coopers; and 2) HIV/AIDS specific issues and knowledge, with technical assistance provided by KANCO.

In assisting the CACCs, KANCO strives to be seen as facilitators of the process and not implementers of the activity. The communities retain ownership of the issues. KANCO's assistance to the CACCs will help assure that the resources from the World Bank and other donors allocated to district-based HIV/AIDS activities will be spent wisely at the grassroots level.

In the future, KANCO would like to strengthen vertical programs by greater engagement with:

- Human rights groups, addressing issues such as AIDS in the workplace
- The media, raising the profile of issues and success stories
- Religious groups, such as the Presbyterian Church, to increase HIV/AIDS outreach activities

Horizontal linkages

Member organizations are encouraged to engage in a dialogue with each other, and strengthen each other's skills. KANCO helps strengthen its own and members' capacity to meet the needs of the community and that of CACCs by:

- Identifying NGOs among their membership with skills to cross-train each other
- Training core groups, strategically placed geographically, to provide decentralized assistance
- Expanding and strengthening core staff.

Annex 4

Activities in Current Mission Portfolio which might be Suitable for DG-HIV/AIDS Linkages

Based on the descriptions of current grantees and contractors found in the documents prepared for the assessment team, some activities seem, a priori, to lend themselves to DG-HIV/AIDS linkages.

DG Activities through which HIV/AIDS activities could be strengthened

National level

SUNY - Support to Parliament - Strengthen the Parliamentary Committee system; provide information to Finance Committee on HIV/AIDS impact on the national as well as sectoral budgets; assist in drafting bills and raising issues at the floor

Institute for Policy Analysis and Research (IPAR) - Undertake analytical work in HIV/AIDS

Media Institute - Media professional training to include HIV/AIDS

Media Support Strategy - Public opinion polls to include HIV/AIDS questions

National Civic Education Program - to include HIV/AIDS

District and Community levels

National Council of Churches - Include HIV/AIDS messages in the activities at local levels

Tawasal Foundation - Civic education program and information material distribution to include HIV/AIDS

Karen Langata District Association - Strengthening to include HIV/AIDS education.

Foundation for Dialogue - Good citizenry program in selected districts including Central Rift Valley to include HIV/AIDS

Kenya Human Rights Commission – Human rights awareness campaign to include HIV/AIDS

Social Development Network - To deal with torture and violence as a result of HIV/AIDS

HIV/AIDS Activities that could include DG principles

National level

POLICY Project - Support to parliamentarians; analyses of surveillance data and advocacy, advocacy and policy development; analyses and dissemination of surveillance data establish HIV/AIDS information center; encourage the formation

of an HIV/AIDS select committee; assist other committees to deal with HIV/AIDS issues; promote HIV/AIDS champions among the members

FHI/IMPACT - Youth mobilization, workplace education and behavior change communication

District/Community levels

Population Services International - Condom social marketing

Pathfinder/COPHIA project - home based care

KANCO - Strengthening of NGO capacity and support to CACCS

K-Rep - Microfinance institutions

Annex 5

Statement of Work USAID/Kenya DG-HIV/AIDS Assessment Team March 26-April 5, 2001

I. Introduction

Given the magnitude of the HIV/AIDS crisis in Africa and the acknowledgment that HIV/AIDS is not solely a health issue, it is clear that all sectors will need to work together to address the epidemic. AFR/SD's *Synthesis of Democracy and Governance Cross-Sectoral Case studies* (October 2000) emphasizes this point. The study observes that AIDS in Africa is threatening the political and civic leadership, national militaries, human and civil rights of women and children, and government capacity. It proposes that democracy and governance (DG) activities can contribute to prevention and mitigation through a range of means. These include advocacy for national political commitment; involving civil society and mobilizing communities; working with local and NGO leaders to reduce stigma; strengthening governance and financial management in the context of decentralization; improving human rights and legal frameworks for women, people living with HIV/AIDS and vulnerable children; and promoting media and information flows of factual and culturally sensitive information.

The USAID/Kenya mission has a newly approved Integrated Strategic Plan which encourages the four strategic objectives to develop program synergies where appropriate. Both SO1 (Democracy and Governance) and SO3 (Population and Health) wish to explore program linkages and collaboration, particularly in the area of HIV/AIDS.

II. Objective

The team will propose a joint implementation strategy that SO1 and SO3 could undertake to address mutual DG and HIV/AIDS concerns. The document (see outline below) should not exceed 15 pages, plus annexes. It should be completed by the end of the assessment on April 6.

III. Background

Program overview

The DG program activities under SO1 have the following objectives:

1. Strengthening civil society organizations to effectively demand reforms and monitor government activities;

2. Strengthening parliament to improve its effectiveness and improve its capacity for analysis, investigation and decision-making
3. Increasing access to information on voting procedures and electoral issues; and
4. Improving the transparency and competitiveness of the electoral process.

The DG sector is involved with constituencies at all levels, from community-based organizations and NGOs to government policy-making bodies. It can help strengthen the management and governance systems needed to handle new funds and programs effectively. Finally, the DG sector is working to create a policy environment which can respond to crisis in general and which could respond to the HIV/AIDS crisis in particular.

The HIV/AIDS program activities under SO3 aim to increase proven, effective interventions to decrease the risk of transmission and mitigate the impact of HIV/AIDS. The objectives are:

1. To reduce key policy and contextual constraints to preventing and mitigating the impact of HIV/AIDS;
2. To improve knowledge and practice of preventive behaviors;
3. To enhance provision of HIV/AIDS and sexually transmitted infection prevention, care and support service.

In particular, USAID works with the government and the private sector to promote and establish ethical and fair policies and laws related to HIV and AIDS. SO3 targets local community leaders, community-based organizations and NGOs so they can influence better policy and strengthen advocacy at all levels. SO3 works to assure that communication, information and commodities, and services related to HIV/AIDS prevention reduction are widely available.

Progress in SO1/SO3 collaboration to date in Kenya

In August 2000, staff from both DG and PH offices met with Kevin Bohrer, AFR/SD. The purpose of the meetings was to exchange information on our respective programs, discuss potential synergies, and outline a strategy to better define and undertake future collaborative work. We discussed the obvious linkages between the two SOs in Kenya and made initial observations about potential linkages between SO1 and SO3:

- Both SOs have policy objectives to improve the enabling environment
- Each SO works with parliamentarians
- Both SOs have links to citizens' organizations and NGOs that attempt to influence laws and policies
- Both SOs are concerned with human rights and gender, particularly improving the roles and status of women; decreasing stigma
- Both SOs have objectives to improve communication and information sharing and/or create demand for services.

- Both SOs are concerned with training and capacity building, notably improving management, negotiation and outreach skills of local organizations
- Both SOs recognize that conflict is detrimental to their objectives: HIV/AIDS thrives in refugee camps, among displaced persons and within military and other uniformed service groups. Similarly, DG is concerned with conflict-resolution within countries because democratic institutions almost always suffer in the presence of ethnic violence or other internal conflicts.

Several follow-up meetings were held (see meeting summaries in resource documents).

IV. Activities to be undertaken by assessment team

- Meet with mission senior management and OPH and DG officers to clarify overall direction for TDY.
- Review relevant background documents.
- Identify and meet with key DG and HIV/AIDS stakeholders to define their activities and their and potential channels of interaction.
- Hold a joint stakeholders meeting to discuss potential overlaps and synergies.¹¹ These stakeholders might include implementing partners, their local grantees, parliamentarians, government officials or others. These would be defined by the team in consultation with the Mission.
- Propose a strategy for USAID's DG-HIV/AIDS collaboration.
- Suggest possible methods or indicators for measuring synergy attributed to integrated approaches.
- Prepare document as outlined below.

V. Illustrative schedule

Week 1: Meet with USAID staff; review documents; hold meetings with selected partners; plan and hold stakeholders' meeting at end of week. ¹²

Week 2: Discuss, write strategy; debrief USAID staff.

VI. DG/HIV/AIDS Assessment Team Members

- Kevin Bohrer, USAID/AFR/SD/DG kbohrer@usaid.gov
- Neen Alrutz, USAID/Kenya/OPH nalrutz@usaid.gov
- Timothy Takona, USAID/Kenya/OPH ttakona@usaid.gov
- Wachira Maina, USAID/Kenya/DG wmaina@usaid.gov
- Ishrat Husain, USAID/AFR/SD/HIV/AIDS ihusain@afr-sd.org
- Samantha Willan, Health Economics & HIV/AIDS Research Division (HEARD) willans@nu.ac.za

¹¹ the stakeholder meeting agenda needs to be defined, but could include identifying and suggesting how DG approaches could be used more effectively to enhance community mobilization against HIV/AIDS.

¹² USAID/K will have to plan meeting and invite stakeholders at least one month prior to team arrival.

- James Kimani, Kenya AIDS NGO Consortium (KANCO)
kenaid@iconnect.co.ke
- Mbui Wagacha, Institute for Policy Analysis & Research (IPAR)
mwagacha@ipar.or.ke

VII. Proposed outline for report

Section I. Overview (4-5 pages)

- Short summary of USAID's DG and HIV/AIDS approach, programs and accomplishments in Kenya to date, linkages/overlap between SO1 and SO3 programs

Section II. Proposed strategy (5-10 pages)

- Partners and target audiences
- Proposed approach and activities
- Results expected
- Addressing constraints: funding, joint reporting, indicators, program monitoring

Section III. Annexes

Partners' list for SO1 and SO3 shown by geographic focus area

Linkages of USAID/K strategy to GOK DG and HIV/AIDS strategy

VIII. References

- 2001 Kenya ISP (particularly DG and OPH sections)
- Program statements and workplans for key HIV/AIDS implementing agencies: POLICY, IMPACT, COPHIA, AMKENI, KREP
- Program statements and workplans for SUNY and main DG civil society grantees
- Results framework for OPH and DG
- USG/Kenya mission results framework for HIV/AIDS
- Reports on joint DG-OPH meetings held to date